

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

No. 15

-62-019921

Registration District No. 291

Primary Registration District No.

Registrar's No. 50

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10860  
28150

3

4 0

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9861X

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11086

1291-3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Rice	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Union Twp.		c. CITY OR TOWN Lyons	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Mo.		d. STREET ADDRESS (If outside, give location) 420 South Workman	
3. NAME OF DECEASED (Type or print) First Middle Last Henry E. Hanna		4. DATE OF DEATH Month Day Year May 22 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Line Superintendent		11. BIRTHPLACE (City and state or country) United States	
13a. FATHER'S NAME John Evans Hanna		13b. MOTHER'S MAIDEN NAME Susan Titus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT 25M Anderson Jackson Tenn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY Hour Minute p.m. 9:45 5-22-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Union Twp. Putnam County	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. J. L. Johnson	
22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 5/24/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-24-62	
23c. NAME OF CEMETERY OR CREMATORY Lyons Municipal		23d. LOCATION (City, town, or county) Lyons, Kansas	
24. FUNERAL DIRECTOR Hugh L. Johnson		25. DATE RECD. BY LOCAL REG. 5-24-62	
26. REGISTRAR'S SIGNATURE Marvell Durbin			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

57

VS  
MAY 25 1962

VS  
MAY 29 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Hugh L. Johnson*

Licensed Embalmer No.

3487

P. O. Address

*Centerville, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.